Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.50932 **W:** 80.61585

LICENSE #: 10506
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: CANINE DESIGNS
OWNER: CHRISTY PLESS
ADDRESS: 1006 N. MAIN ST KANNAPOLIS
TELEPHONE: (704) 938-7387
VMO SWAIM
COUNTY ROWAN

Number of Primary Enclosures 19 **Animals Present: Dogs** 9 **Cats** _____

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
☒ 1. Structure & Repair
☒ 2. Ventilation & Temp.
☒ 3. Lighting
☒ 4. Ceiling, Wall, Floors
☒ 5. Storage
☒ 6. Water Drainage

Primary Enclosures
☒ 7. Structure & Repair
☒ 8. Space
☒ 9. Ventilation & Temp.
☒ 10. Adequate Shelter

SANITATION

☒ 11. Waste Disposal
☒ 12. Odor
☒ 13. Ceiling, Wall, Floors
☒ 14. Primary Enclosures
☒ 15. Equipment & Supplies
☒ 16. Washrooms, Sinks, Basins
☒ 17. Insect/Vermin Control
☒ 18. Building & Grounds

HUSBANDRY
☒ 19. Adequate Feed/Water
☒ 20. Food Storage
☒ 21. Personnel
☐ 22. N/A Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
☐ 27. N/A Written permission from owner for commingling (doggie daycare)

Transportation
☐ 28. N/A Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **DISAPPROVED** Date: Aug 8, 2007 Time: 09:21

Shelly Swaim
Inspector's Signature

Christy M Pless
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10506
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☑ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: CANINE DESIGNS CONT
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	NEED TO MAINTAIN RECORDS FOR AT LEAST ONE YEAR	
	NEED TX SHEET THAT INCLUDES MED, DOSAGE, CONCENTRATION, TIME GIVEN, INITIALS, DATE	
	PLEASE HAVE BEFORE YOU START BOARDING AGAIN OR BEFORE 1/1/08 WHICHEVER COMES FIRST.	

☑ **APPROVED** ☐ **DISAPPROVED** Date: AUG 8, 2007 Time: 09:21

Sheila Swain — **Inspector's Signature**

Christy Ross — **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner